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ABSTRACT

Student attitudes toward the Student Health Service (SHS) at the University of North Carolina at Wilmington were assessed during spring 1985. The SHS provides general outpatient care to students with acute medical problems, referral, and health education. The sample of 358 students represented 43 percent of students seen during part of March 1985. Responses were analyzed to determine if various groups differed in their frequency of use and assessment of service availability and quality of services. The typical respondent was a female (65.5 percent), first-year student (34.8 percent), who used the SHS once or twice per semester (59.7 percent). About 42 percent were seen for an illness and about 39 percent for personal medical reasons, such as contraceptive counseling/exams and problem pregnancies. A 24-hour clinic and the services of a part-time gynecologist were desired by about half the respondents. Reasons for dissatisfaction with the service included time spent waiting to be seen and the need for more staff. Ratings of several proposed programs and services are included, as well as detailed information about first visits, the nature of visits, gender differences, differences based on length of time at the university, and awareness of the health service. The evaluation form and nine tables of graphs are appended. (SW)

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HEALTH SERVICE EVALUATION

Spring 1985

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Special Assistant to the
Vice Chancellor for Student Affairs

RB-HS-08-15-85

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ACKNOWLEDGEMENTS

Several key individuals helped make this report possible. The entire Student Health Service staff is thanked for cooperating with this project in the midst of serving the health needs of over 5,000 students in the spring of this year. Ms. Catherine Vangellow, Director of the Health Service, is thanked for her efforts in orchestrating the administration of the evaluation. Her consultation in the design and development of the survey, along with that of Ms. Ginga Colclough, Family Nurse Practioner, and Mrs. Linda Smith, Medical Assistant, expedited the evaluation process immensely. Finally, Miss Tracie Edge, Vice Chancellor for Student Affairs Word Processor, is thanked for compiling the report.

INTRODUCTION

During the spring of 1985, an evaluation was conducted to assess student attitudes toward the Student Health Service (SHS) at UNCW. The SHS provides general outpatient care to students with acute medical problems and refers them as necessary. Health education is also an integral part of services offered. With an average of fifty students seen per day, it has been difficult in the past to find an objective method for understanding student reactions concerning health care quality.

The purpose of this report is to (1) briefly present the major findings and conclusions of the study with regard to facility use, service/program needs, and service/staff satisfaction, and (2) discuss the implications of the findings in terms of future planning.

METHOD

Questionnaire Design

Based on the recommendations of SHS staff, a two-part form was used to assess student reaction. Side one was to be completed prior to being treated. This side contained basic information related to facility use and the importance of several services and programs under consideration. Side two reflected immediate post-treatment reaction to services rendered as well as evaluation of staff. The rationale underlying such a design was that reactions to treatment could best be measured just after its occurrence rather than based on a previous visit (which may have never occurred). A copy of the survey and response percentages is located in the Appendix. Design of this study permits analysis of data over time. Since it is based on students who had visited the SHS during a given time period, the design is considered part of a longitudinal trend study of

the general population of UNCW SHS visitors.

Sample

A total of 358 students evaluated the SHS. They represented 43 percent of 840 students seen between March 11, and March 29, 1985. Female evaluators represented 65.5% of the sample. This is significantly higher than females as a group at UNCW (54.1%). Although females are overrepresented compared to the UNCW population ($\chi^2_1 = 5.66$, $p = .05$), it is unknown whether SHS non-respondents were predominately male or female. It should be noted that some respondents may have completed multiple evaluations as a result of repeat visits to the SHS.

Statistical Analysis

Responses were analyzed to see if various groups differed in their assessment of service availability, frequency of use, and quality of services. Chi-square was chosen as the statistical test of significance since responses were in the form of frequency counts. The contingency coefficient, C, was computed as a measure of how strong a significant relationship was discovered to be. Moderately strong relationships are those with a C-value of at least .25.

RESULTS

The typical respondent was a female (65.5%), first-year student (34.8%) who used the SHS once or twice per semester (59.7%), and was aware of the facility for as long as she had been a student. The largest preponderance of students were being seen for either an illness (42.4%) or personal medical reason (39.5%). Typical illnesses included respiratory infections, viral illnesses, and gastrointestinal viruses. Personal medical reasons typically included contraceptive counseling and exams, infections of the uro-genital tract and problem pregnancies. In

terms of services and programs, students most likely desired a 24-hour clinic (53.6%) and a part-time gynecologist (48.2%). They would opt for a Health Assessment Questionnaire (57.9%) more than a physical examination (42.1%) to gain admission to UNCW. After being treated, students were very satisfied with the medical advice or instructions received (54.9%), answers to questions (54.3%), quality of treatment (52.6%) and type of service expected (46.5%). They were very satisfied (37.8%) or satisfied (51.7%) with their general impression of the SHS. In terms of agreement with several statements about the SHS, students strongly agree that the staff is friendly (69.7%), interested (65.7%), relaxed (63%), and sensitive (62.8%). Students also strongly agreed that they were able to communicate their medical problem effectively (62.2%), understood instructions or advice given (56.7%), and trusted their problem with the SHS (55.4%). A majority (58.6%) of the students favored a slight fee increase. Almost one-third (29.9%) of these strongly agreed with such an incease. Finally, the item that drew the most dissent was waiting time. Over one-fourth (27.3%) of the students thought the waiting time was too long. In addition to these general findings, students rated several proposed programs and services. They are ranked in order of importance as follows:

SERVICE/PROGRAM	N	VERY IMPORTANT (%)	RANK
Clinic open 24-hours	358	53.6	1
Part-time GYN	353	48.2	2
Dermatology Clinic	354	31.9	3
Operating Room for Minor Surgery	352	31.3	4
Substance Abuse	352	30.4	5
Weight Control	358	30.4	6
Food Disorders	351	29.6	7
Orthopedic Clinic	351	27.6	8
Human Sexuality	355	27.3	9
Smoking Cessation	352	26.7	10
Health Risk Appraisal	350	22.9	11

Nutrition Education	357	22.4	12
Preventative Health Habits	348	21.6	13
Seahawk Health Column	353	21.0	14
Wellness Programs	353	15.3	15
Health Fair	354	12.4	16
Other 1	40	52.5	17
Other 2	23	21.7	18

Special Analysis

A more indepth analysis revealed the following data.

First Visit Comparisons

- Almost half (48.8%) of those saying this was not their first visit this year also used the SHS more than twice per semester ($\underline{x}^2_3 = 32.31$, $\underline{C} = .29$, $\underline{p} = .001$).

- Human sexuality as a program was significantly less important for first time SHS visitors (20.6%) than others (79.4%). This was significant ($\underline{x}^2_3 = 8.53$, $\underline{C} = .15$, $\underline{p} = .03$).

- First time visitors were more tolerant of the waiting time with 61.6% at least agreeing, compared to only 45.7% doing so among veterans of the SHS ($\underline{x}^2_4 = 11.21$, $\underline{C} = .18$, $\underline{p} = .02$).

Nature of Visit

- Students were asked to identify the nature of their visit by selecting one of four catagories: illness, injury, personal-medical, or personal-nonmedical. Significant differences related to sex were found between illness-related visits and personal-medical visits ($\underline{x}^2_9 = 26.09$, $\underline{C} = .26$, $\underline{p} = .002$). Males tended to present illness problems (50.8%), while females presented personal-medical problems (46.7%).

- Over eight out of ten (82%) of the 343 students were at the SHS for either illness reasons or personal-medical reasons. Almost half of these eight were there for illness (52%) and the other half for personal medical (48%). Students who visited the SHS more than twice per semester were likeliest to return for personal medical reasons (63.3%). More than half (62.8%) of those who averaged 1-2 visits returned for illness reasons ($\underline{x}^2_{12} = 30.41$, $\underline{C} = .29$, $\underline{p} = .002$).

- As expected, those wanting a part-time GYN were likeliest to be at the SHS for personal-medical reasons. Of those saying that a part-time GYN was very important, 47% came for personal-medical reasons, while 39.6% came for illness reasons ($\underline{x}^2_9 = 25.83$, $\underline{C} = .27$, $\underline{p} = .002$).

Gender Differences

Females significantly differed from males in that women rated programs or services as very important, more than did men.

- Over one-third (35%) of the women, compared to one-fifth (21.3%) of the men rated weight control programs as very important ($\underline{x}^2_9 = 25.28$, $\underline{C} = .26$, $\underline{p} = .003$). Women also rated having a part-time GYN higher (63.8%) than men (18.5%) who rated this service ($\underline{x}^2_9 = 101.20$, $\underline{C} = .47$, $\underline{p} = .0001$).

- Both sexes viewed programs on preventative health habits as important; however, 64.8% of the women rated it as either moderately or very important, while only 58% of the men reacted similarly ($\underline{x}^2_9 = 20.21$, $\underline{C} = .23$, $\underline{p} = .017$).

- Services for eating disorders were rated higher by women (33.9%) than men (20.2%). These differences were significant ($\underline{x}^2_9 = 18.31$, $\underline{C} = .22$, $\underline{p} = .032$).

Tenure at UNCW

- Students who had been here less than one year (34% of the sample) were not as likely to rate having a part-time GYN service as highly as either those here three years or more than three years. Ratings were 33.3, 64.7 and 60.4 percent for the three groups respectively ($\underline{x}^2_{12} = 26.01$, $\underline{C} = .27$, $\underline{p} = .011$).

- Smoking cessation as a program was similarly rated. Ratings were 18, 24, and 38.9 percent respectively for those at UNCW less than one year, three years and greater than three years ($\underline{x}^2_{12} = 22.64$, $\underline{C} = .25$, $\underline{p} = .031$).

- Students who had been here longer were more likely to agree to a fee increase for service payment. Those at least agreeing (44.5%) had been here less than one year compared to half of those here one year, 71.8% here two years, 67.5% here three years, and 64.8% here more than three years ($\underline{x}^2_{16} = 28.06$, $\underline{C} = .29$, $\underline{p} = .031$).

Health Service Awareness

- Those students aware longer of the SHS were most likely to rate programs or services highest. About half (47.4%) of those aware of the SHS for more than three years compared to only one-fourth (24.8%) of those less than one year said human sexuality would be very important ($\underline{x}^2_{12} = 26.10$, $\underline{C} = .26$, $\underline{p} = .01$).

- A health column service in the Seahawk was rated by twice as many (28.1%) students aware of the SHS greater than three years as those aware less than one year (14.2%) as being very important ($\underline{x}^2_{12} = 24.54$, $\underline{C} = .26$, $\underline{p} = .017$).

- Drastic differences were found in the rating of having a part-time GYN service provided. Those aware of the SHS three years or more were most likely to rate such a service as very important compared to those aware less than one year. These percentages are 66.7 (three years), 60.7 (more than three years), and 31.1 (less than one year). ($\underline{x}^2_{12} = 30.63$, $\underline{C} = .28$, $\underline{p} = .002$).

- Eating disorders as a program was rated by well over twice (42.3%) as

many students aware of the SHS for three years as those aware of it less than one year (17.4%) as being very important ($\underline{x}^2_{12} = 25.59$, $\underline{C} = .26$, $\underline{p} = .012$).

No other significant differences were found among groups on this evaluation.

Content Analysis

Finally, students were asked to specify why they may have been dissatisfied or in disagreement with statements related to current services/programs or staff. A content analysis of the 55 comments revealed disenchantment with three major areas: waiting time to be seen (51%), need for more staff (11%), and miscellaneous reasons (38%). This last category included comments against increasing student fees to pay for added programs/services; need for a full-time M.D. (preferably male); need for more privacy while signing in; and a need for better equipment. Regarding waiting time one suggestion was made. This student suggested a triage be set-up in order to reduce waiting time. Such a triage would give priority to those students with the most critical need.

IMPLICATIONS AND SUGGESTIONS

A central question of this investigation was this: Besides the entire group's assessment of SHS facilities, staff, and future needs, are there subgroups among users with differing needs? From the evaluation, it is clear that unique subgroups do exist and therefore require special programming and staffing. What follows are a number of general recommendations:

1. Since patients expect a wider range of services than diagnosis and treatment as well as more educational programs, programming and services within the SHS merit special attention and should be a major concern of SHS staff and its associates.

2. Major differences exist within two main subgroups: (1) men vs.

women; and (2) newcomers vs. oldtimers. Men tend to visit the SHS for illness (e.g., respiratory infections, etc.) more so than personal-medical problems (e.g., contraceptive counseling, etc.). Overall, men are not as interested in new programs/services, with the exception of wanting information on preventative health habits (Table 1). Even here, however, a greater proportion of women are interested. Women were also more interested in a weight control program (Table 2) and an eating-disorders service (Table 3). In terms of tenure on campus, distinct differences exist among newcomers and oldtimers. Both had been aware of the SHS in proportion to their time as a student (Table 4). For those who had visited the SHS previously, it was most likely their third or fourth visit. Compared to first time visitors and first year students, old-timers preferred programs on human sexuality (Table 5), smoking and eating disorders (Table 6). They would also like to have a part-time GYN (Table7) and a health column in the Seahawk (Table 8). While oldtimers were less tolerant of the waiting period, they would more likely be in favor of a fee increase (Table 9).

A. Given all of this, special emphasis should be placed on discerning gender-based needs.

B. Clearly, a program of preventive health habits (e.g., wellness) would draw support from most.

C. Among women, a part-time GYN seems the order of the day. If such a service is not feasible, perhaps expanded gynecological services could be assumed by existing staff.

D. Since newcomers' needs for programs/services identified in this study were in most cases fewer than those of oldtimers,

perhaps in addition to meeting the needs of oldtimers who are most likely more aware of their own health needs, marketing strategies could be employed to raise the health awareness of younger students.

3. Based on the fact that over half of the respondents favored a slight fee increase, fees should be increased only to pay for those programs with widest applicability and/or most critical need.

4. Finally, this report would not be complete without reemphasizing that the greatest point of dissatisfaction concerned waiting time to be seen at the SHS. Even with the impending move of the Health SHS to a more centrally located campus position, alorg with its expanded staff, student traffic may be exorbitant. A triage method of seeing students is suggested whereby students are seen at a rate directly proportional to their problem severity. Expanded hours and even weekend duty might alleviate the waiting time. If waiting time cannot be reduced, then part of health education should be to educate students of the average time they can expect to wait.

This report was written without knowledge of the intricacies and complexities involved in administering a student health service. As such, suggestions may not always be practical or feasible. It is hoped they will be useful to the SHS staff and that they adequately represent the flavor of concern and interest in student health care within the Division of Student Affairs. All comments and data are available for review in the office of the Vice Chancellor for Student Affairs.

HEALTH SERVICE EVALUATION
SIDE I

This is a two-part form designed to give us your assessment of how we can improve our oper
Your answers will be anonymous and confidential. Please complete Side I before being treated.
after your treatment, complete Side II and drop the form in the survey box provided when you l
Thank you for your help!

Please circle number(s) that apply:

1. What is the nature of your present visit? (1) Illness (2) Injury (3) Personal (eg, not medic

2. What is your sex? (1) Male (2) Female

3. How long have you been a student at UNCW?

   How long have you been aware of the Health Center facility?

(1)	(1)	Less than a year
(2)	(2)	One year
(3)	(3)	Two years
(4)	(4)	Three years
(5)	(5)	Greater than three years
(6)	(6)	Does not apply

4. How many times would you estimate that you use the Center in one semester?

(1) First visit (2) Once per semester (3) Twice per semester
(4) Three per semester (5) Four per semester (6) Five or more per semester

The following are health services programs that you might like to see provided at this Health Center
Please tell us how important each one is to you:

	VERY IMPORTANT	MODERATELY IMPORTANT	SLIGHTLY IMPORTANT	NOT IMPORTANT	
5.	1	2	3	4	Weight loss/nutrition clinic
6.	1	2	3	4	Emergency room open 24 hours
7.	1	2	3	4	Sex education
8.	1	2	3	4	Residence hall health program
9.	1	2	3	4	Health risk appraisal
10.	1	2	3	4	Campus-wide health fair
11.	1	2	3	4	Health column in the Seahawk
12.	1	2	3	4	After hours treatment of intramural injuries
13.	1	2	3	4	Part-time gynecologist
14.	1	2	3	4	Information on preventative habits
15.	1	2	3	4	Free VD exam
16.	1	2	3	4	Saturday & Sunday night treatment
17.	1	2	3	4	Operating room for minor survey
18.	1	2	3	4	Complete female physicals
19.	1	2	3	4	Care for skin problems
20.	1	2	3	4	Care for broken limbs
21.	1	2	3	4	Other (Please specify)
22.	1	2	3	4	Other (Please specify)

BEST COPY AVAILABLE

Take this form w STOP HERE! through treatment and

SIDE II

Complete this side after being treated. Please indicate your level of satisfaction with the following

	VERY SATISFIED	SATISFIED	NEUTRAL	DISSATISFIED	VERY DISSATISFIED	
23.	1	2	3	4	5	General Impression of this Health Center
24.	1	2	3	4	5	Quality of treatment
25.	1	2	3	4	5	Type of service you believe you should have received
26.	1	2	3	4	5	Medical advice or instructions received
27.	1	2	3	4	5	Answers given to your questions
28.	1	2	3	4	5	Other (Please specify)
29.	1	2	3	4	5	Other (Please specify) _____

Please indicate your level of agreement with each statement about this Health Center with regard t each of the following:

	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	
30.	1	2	3	4	5	I was able to effectively communicate my medical problem
31.	1	2	3	4	5	I feel confident taking my medical problem to this Health Center
32.	1	2	3	4	5	The waiting time was reasonable
33.	1	2	3	4	5	I understood the medical instructions or advice
34.	1	2	3	4	5	I would be in favor of a slight increase in my student fee to pay for additional services/programs
35.	1	2	3	4	5	The staff is friendly
36.	1	2	3	4	5	The staff is sensitive
37.	1	2	3	4	5	The staff is interested
38.	1	2	3	4	5	The staff is relaxed

COMMENTS

For items 23 to 38, please specify why you were dissatisfied or in disagreement. Then add other comments as needed.

THANK YOU!

Please drop the survey off in the box provided.

TABLE 1

GENDER DIFFERENCES: INFORMATION ON PREVENTIVE HEALTH HABITS

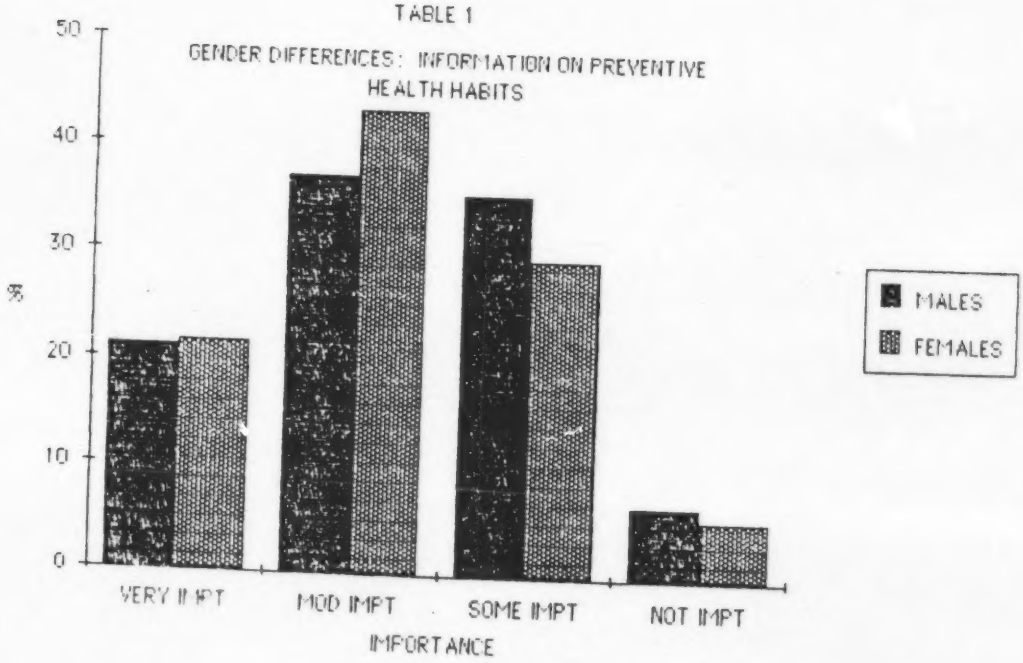

TABLE 2

GENDER DIFFERENCES: PREFERENCES FOR A WEIGHT CONTROL PROGRAM

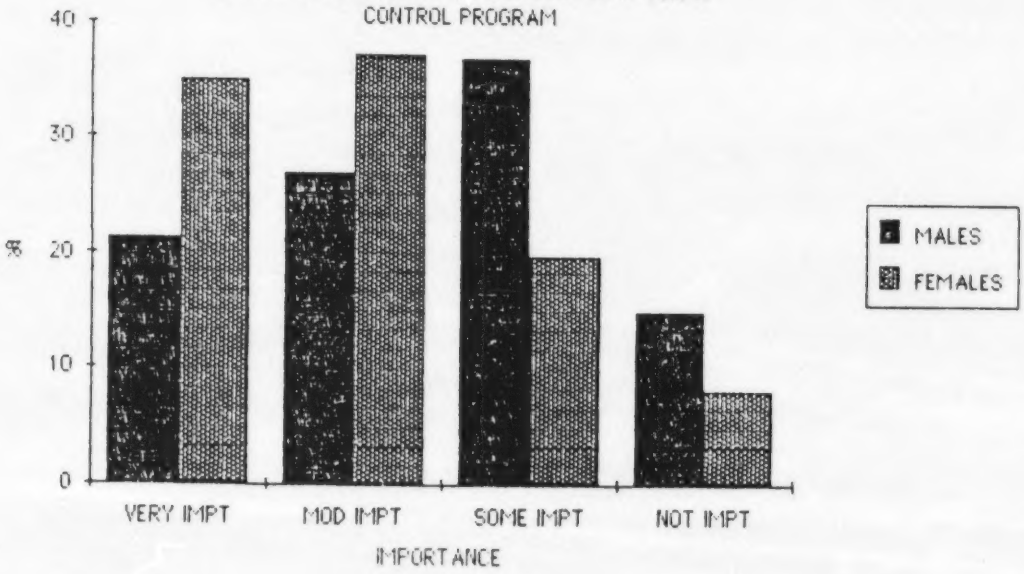

TABLE 3

GENDER DIFFERENCES: PREFERENCES FOR AN EATING DISORDERS PROGRAM

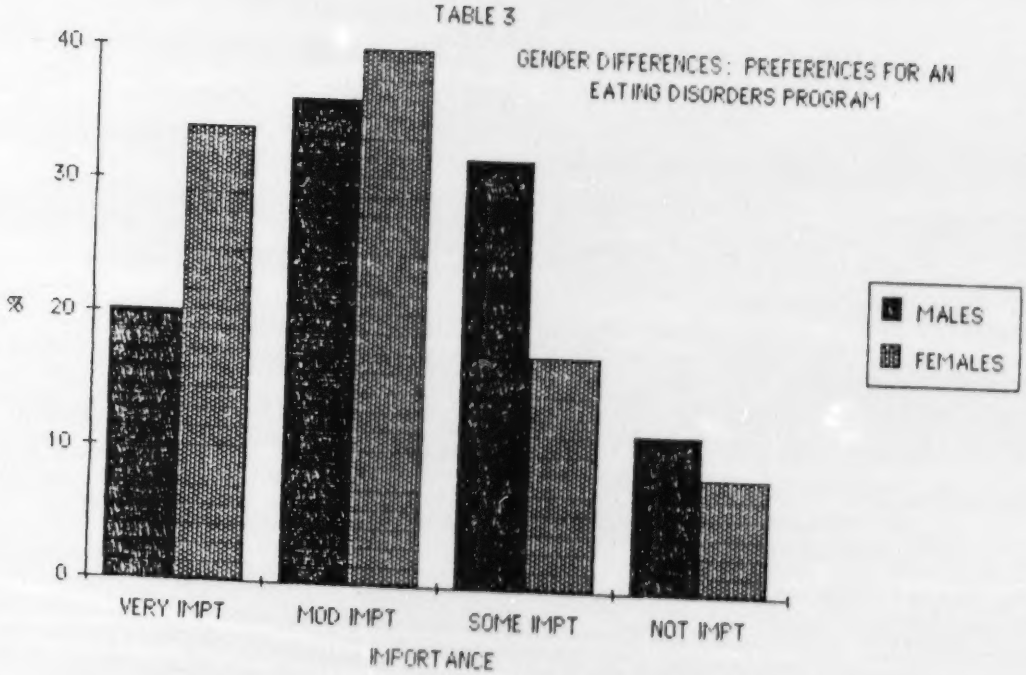

TABLE 4

DURATION AT UNCW & AWARENESS OF SERVICE

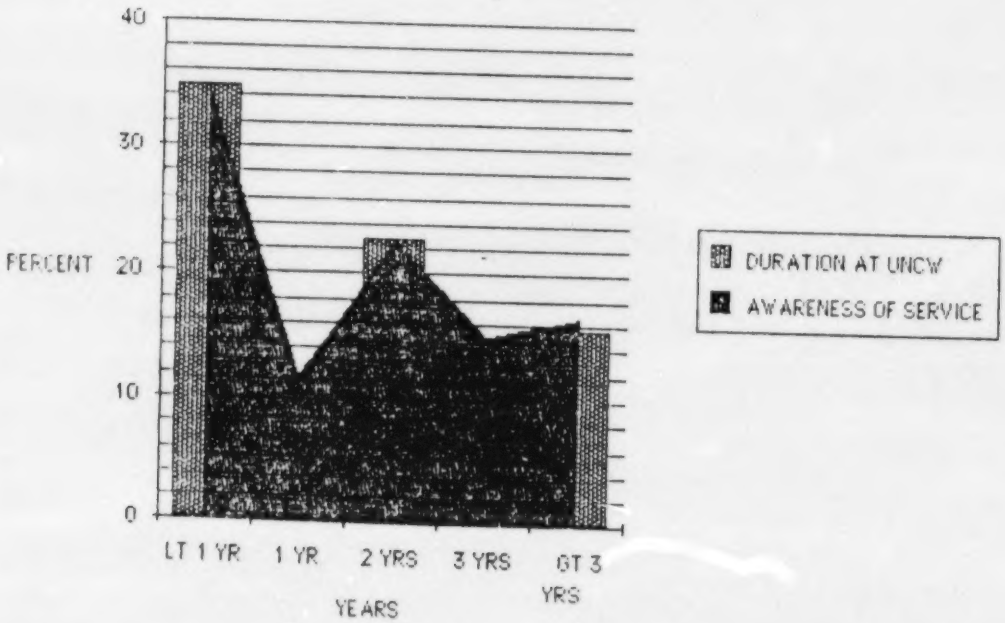

TABLE 5

HUMAN SEXUALITY & AWARENESS OF SHS

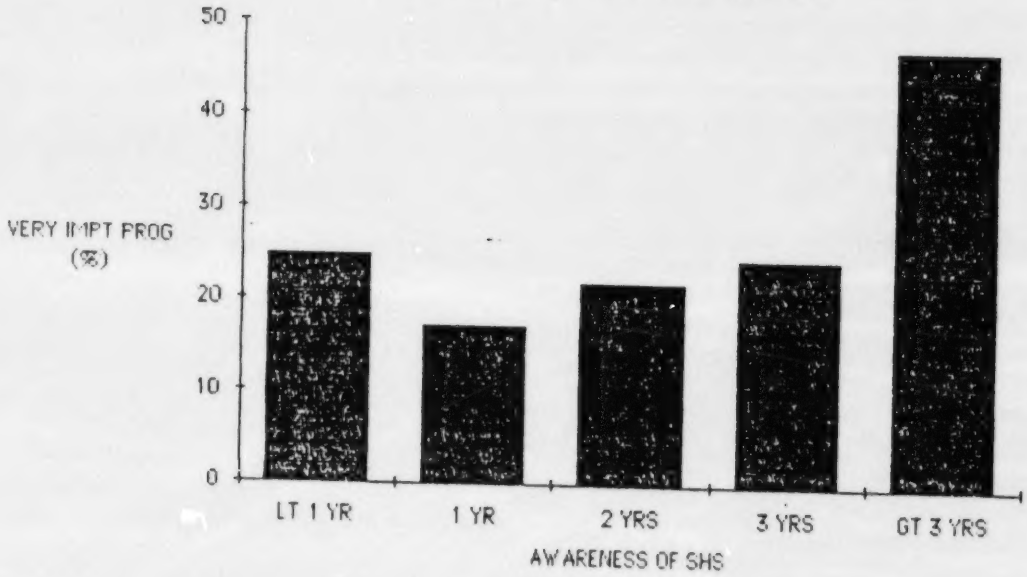

TABLE 6
EATING DISORDERS &
AWARENESS OF SHS

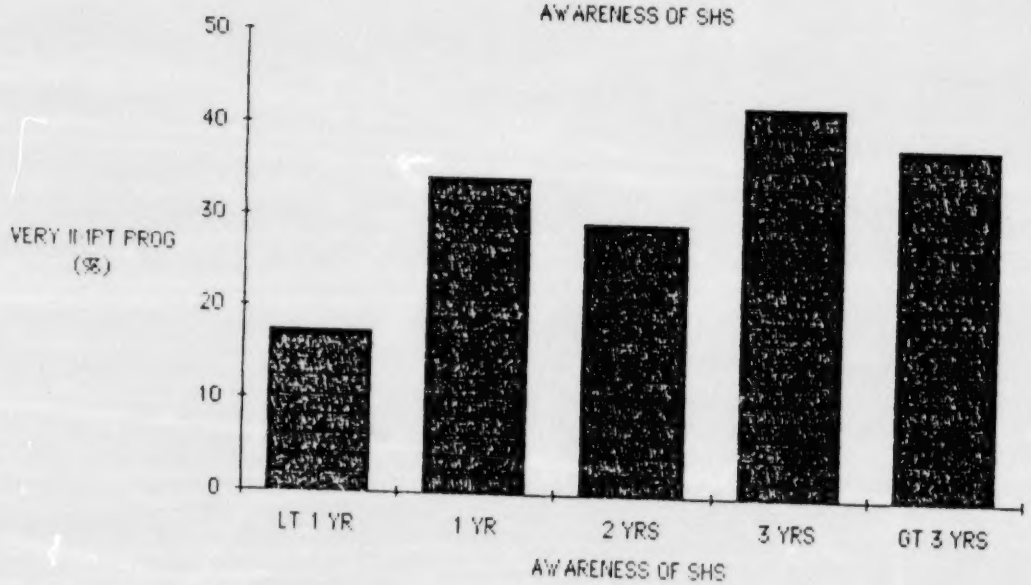

TABLE 7

PART-TIME GYN & AWARENESS

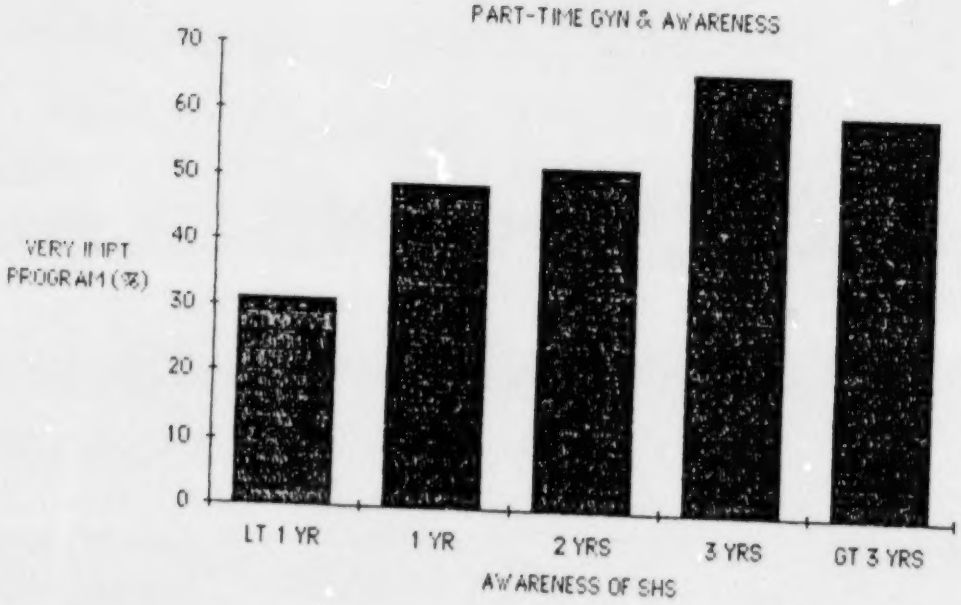

TABLE 8

IMPORTANCE OF SEAHAWK HEALTH COLUMN & AWARENESS

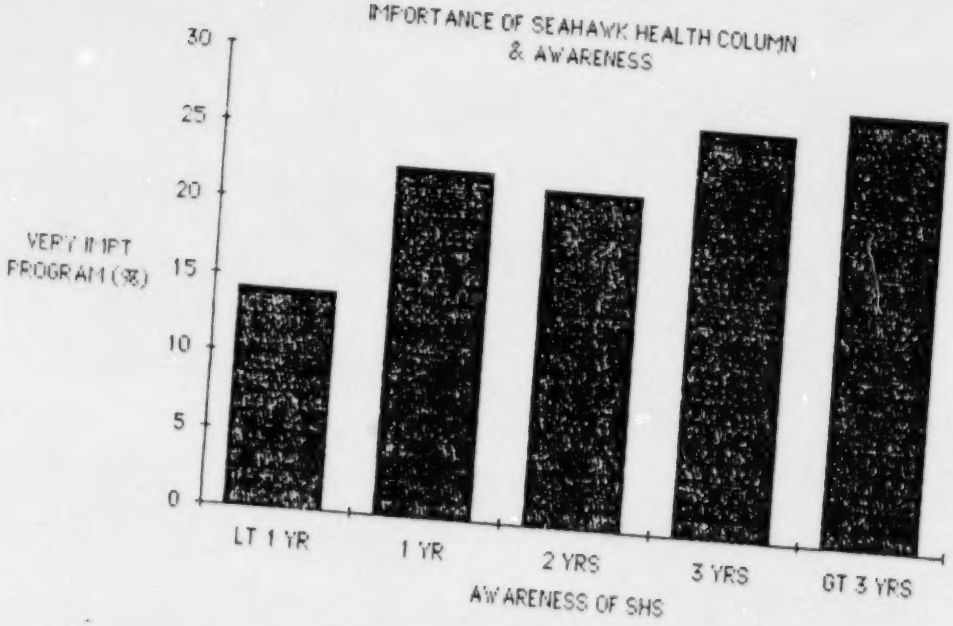

TABLE 9

AGREEMENT TO RAISE FEES VS TENURE AT UNCW